Immunize Utah

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Smallpox…what is going on?

The events of September 11, 2001, and the subsequent anthrax incidents have emphasized the need to improve public health preparedness for bioterrorism. The measures needed to improve bioterrorism preparedness should also improve public health capacity to respond to other infectious disease outbreaks or other public health emergencies. Smallpox is one of the most challenging bioterrorism agents because it is transmissible from person to person, has a 30% fatality rate, and because in the absence of immunization, the U.S. population would be largely susceptible to it.

On December 9, 2002, the Utah Department of Health (UDOH) submitted a plan for pre-event smallpox vaccination to the Centers for Disease Control and Prevention (CDC), which targeted public health and health care response teams. This pre-event smallpox plan is designed to offer guidance to Utah's public health agencies, officials, community healthcare institutions and providers in preparing for the possible introduction of variola virus (which causes smallpox) into Utah's population as a bioterrorism weapon. The plan will be used in support of the Utah Smallpox Post-event Response Plan. CDC will review and approve all plans before the actual vaccination process can begin.

Inside this Issue

At this time, **no information indicates that there is a current risk of smallpox** or that an attack using smallpox is imminent. However, the consequences of such an attack would be serious, and the government is taking prudent steps to be prepared for that unlikely possibility.

On December 13, 2002, President Bush announced a pre-event smallpox vaccination plan that will proceed in stages as follows:

- **Stage 1** – Early 2003
  Vaccination of military, medical care, and public health response teams
- **Stage 2** – Later in 2003
  Vaccination of police, fire, EMT, additional health care, and other critical first responders
- **Stage 3** – 2004
  Vaccine available to the general public

At this time, the Utah Department of Health does not advise that anybody in the general public receive the smallpox vacccine.

The key points:

- CDC has asked each of the states to develop a pre-event plan for vaccinating a limited number of medical and public health personnel against smallpox
- The proposed vaccination effort would be part of each state's advanced preparation for a possible smallpox bioterrorism attack.
- Any proposed vaccination program will be completely voluntary. No one will be required to get vaccinated.

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Quarterly Doses Administered Reporting

Sheryl Stuewe
VFC Data Analyst
Utah Immunization Program

Every Utah Vaccines for Children (VFC) provider, whether a private provider, a public health provider, Federally Qualified Health Clinic (FQHC), or certified Rural Health Center (RHC), must submit to the Utah VFC Program a Quarterly Doses Administered Report four times a year. As indicated by the schedule below, the report is due by the 15th of the month following the end of each quarter.

	Months Included	Due Date
1st Quarter	January, February, March	April 15th
2nd Quarter	April, May, June	July 15th
3rd Quarter	July, August, September	Oct. 15th
4th Quarter	October, November, December	Jan. 15th

This report is part of vaccine accountability. Just as vaccines must be stored properly, vaccines must be administered properly. VFC vaccine must be administered to eligible children only. The Quarterly Doses Administered Report documents appropriate administration. The Quarterly Doses Administered Report must be submitted every quarter, even if zero doses were administered, per the Provider Agreement.

There are several things that can be done by a provider to ensure appropriate reporting.

1. Track the age and eligibility category of each child receiving vaccine. A child is counted each time he/she is in the clinic and receives an immunization.
2. Track every antigen administered to each child, noting the child's age. (Remember that ">18" means the child is already 19 or older and is not eligible for VFC vaccine.)
3. Tally Sheets (available from the VFC Program) are an optional form of tracking and may be used to assist in completing the Quarterly Doses Administered Report. The Tally Sheet information should be transferred to the Doses Administered Report using whole numbers instead of hash marks. Please do NOT submit Tally Sheets. Tally sheets can not be accepted in place of the Quarterly Doses Administered Report.
5. Use the correct report form. Currently it is dated 01/03 in the lower right corner. THIS IS A NEW FORM to be used for the 2003 first quarter reporting due April 15, 2003. To prevent confusion, DISCARD OUTDATED FORMS!
6. Total all of the rows and columns in each of the blocks on both pages (sides) of the report.
7. Include the VFC Provider ID# on the submitted report. Statewide there are multiple providers with the same or similar names. The VFC ID# provides for proper recording of the submission of your report and your vaccine administration information.
8. USIIS providers can submit and print the Quarterly Doses Administered Report on-line. If the inventory is maintained in USIIS and all immunizations are recorded in USIIS, the report can be submitted and/or printed simply by specifying the dates needed. USIIS does all the work!
9. Local Public Health Departments and FQHC/RHC Clinics have additional Quarterly Doses Administered Report forms to submit: Special Projects and Public Health Department Privately Purchased Vaccines. Report ONLY the vaccines listed and do not alter the format of the form in any way.
10. PROOF THE REPORT CAREFULLY!! VFC providers are legally responsible for the information reported. Be sure the report is accurate.

When the report is completed, it may be faxed or mailed to the Utah Immunization Program at:

Utah Immunization Program
PO Box 142001
Salt Lake City, UT 84114-2001
FAX: 801-538-9440

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Kudos To Providers!

The Utah Immunization Program is proud to recognize outstanding efforts in immunizing Utah's children. We are pleased to recognize the following providers for rates shown during recent immunization (Clinic Assessment Software Application (CASA)) assessments:

For achieving the goal of immunizing 90% of two-year-olds with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, & 3 Hep. B:

IHC Health Center - Bountiful
Whiting Pediatrics
Weipert Pediatrics
Utah Valley Pediatrics - American Fork
Jed VanDenBerghe, MD
Wasatch Pediatrics - St. Marks
IHC Memorial Clinic
Ogden Clinic
Utah Valley Pediatrics - Timpanogos

Outstanding achievements in immunizations goes to:

Pediatric Care of Ogden
Mt. View Pediatrics
West Jordan Medical Center
Utah Valley Pediatrics - Dr. Later
Pediatric Care of Provo
Utah Valley Pediatrics - Cherry Tree
McKay Dee Pediatrics
Holladay Pediatrics
Alpine Pediatrics
Canyon View Ogden Clinic
Cottonwood Pediatrics
David Cope, MD
Johnson Office
IHC Health Center - Sandy
Utah Valley Pediatrics - Provo North
David Nuttall, MD
Douglas Coombs, MD

Mark Your Calendars !

National Hepatitis Coordinators' Conference
San Antonio, TX — January 26-30

37th National Immunization Conference
Chicago, IL — March 17-20

CDC Satellite Broadcasts

Epidemiology & Prevention of Vaccine Preventable Diseases

Session 1	February 13
Session 2	February 20
Session 3	February 27
Session 4	March 6

Continuing education credits are offered for each broadcast. For more info. contact Becky Ward at (801) 538-9450.

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Quarterly Doses Administered Reporting

Please direct any questions regarding Doses Administered Reports to:

Sheryl Stuewe, Utah Immunization Program, (801) 538-6910.

If it would be helpful to have a VFC Representative come to the office to review appropriate Quarterly Doses Administered procedures, call the Utah Immunization Program, 801 538-9450, and ask to speak to a VFC Representative.

Careful attention to the Quarterly Doses Administered Report accountability requirement is greatly appreciated. Thank you for being a Utah VFC Provider. Utah families depend on you for their care.

What is VAERS?

By Martee Hawkins, RN
VAERS Coordinator
Utah Immunization Program

The Vaccine Adverse Event Reporting System (VAERS) is a national vaccine safety surveillance program sponsored by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA). VAERS collects and analyzes information from reports of adverse events following immunization that may be possibly related to the vaccine or vaccines administered.

Since beginning in 1990, VAERS had received over 123,000 reports. Most reports describe mild side effects like fever. Very rarely, people experience serious adverse events following immunization. By monitoring such events, VAERS may help to identify any important new safety concerns and help to ensure that the benefits of vaccine continues to be far greater than the risks.

VAERS encourages reporting of any clinically significant adverse event that occurs after the administration of any vaccine licensed in the United States, even if is not certain that the vaccine caused the event.

All vaccine providers can contribute to the success of this system by reporting any adverse event that might be related to vaccination in children and adults.

This system works because you make it work.

Report forms may be obtained by calling the Utah Immunization program at (801) 538-9450. They can also be downloaded from the internet.

Completed forms from **public** providers **must** be submitted to the Utah Immunization Program.

Utah Department of Health
Immunization Program
PO Box 142001
SLC, UT 84114-2001
FAX (801) 538-9440

Completed forms from private providers should be submitted directly to VAERS.

VAERS
PO Box 1100
Rockville, MD 20849-1100
FAX (877) 721-0366

More information may be obtained from these sources.

- VAERS website www.vaers.org
- CDC VAERS website www.cdc.gov/nip
- FDA VAERS website www.fda.gov/cber/vaers/vaers.htm
- Utah Immunization Program (801) 538-9450.

For information reporting smallpox associated adverse events contact Erin Maughn at (801) 538-9024.

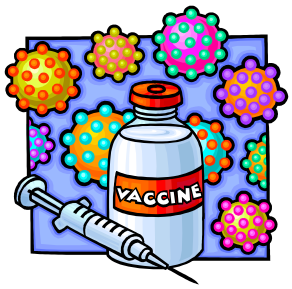
FDA Approves New Combination Vaccine

On December 16, 2002 the Food and Drug Administration (FDA) announced the approval of a new combination vaccine, Pediarix™, distributed in the United States by GlaxoSmithKline. This vaccine protects infants against five diseases: diphtheria, tetanus, pertussis, polio, and hepatitis B.

Pediarix™ is recommended for administration as a 3-dose primary series to infants at 2, 4, and 6 months of age. The 2003 Recommended Childhood Immunization Schedule is not impacted by this new vaccine.

However, the vaccine will not be available through the Utah Vaccines For Children (VFC) Program until the Advisory Committee on Immunization Practices (ACIP) has approved its use and a Centers for Disease Control and Prevention (CDC) purchase contract is in place. The next meeting of the ACIP is mid-February 2003, therefore, the vaccine will not be available for VFC-eligible children until later in the year.

To access a camera-ready (PDF) version of the 26-page prescribing information from the FDA website, go to: www.fda.gov/cder/label/dtapsmi121302LB.pdf.



January is Birth Defects Prevention Month

By Amy Nance
Utah Birth Defects Registry

Recognizing that birth defects affect more than 1,400 babies in Utah each year and are a leading cause of infant death, Governor Michael O. Leavitt has proclaimed January 2003 as Birth Defect Prevention Month. The Utah Department of Health (UDOH) has joined forces with the March of Dimes, University of Utah and other organizations to educate women about what they can do to increase their chances of having a healthy baby.

"While the causes of most birth defects are not known, there are ways women can reduce their risk of having a baby with a birth defect," says Marcia Feldkamp, UDOH's Birth Defect Network director. "One important way simply involves taking a multi-vitamin containing folic acid."

Studies show that taking the B vitamin folic acid before pregnancy decreases the risk of having a pregnancy affected by a neural tube defect (NTD) by at least 50 percent. The two most common NTD's are spina bifida and anencephaly. NTD's happen early in pregnancy, 15 to 30 days after conception, before a women even knows she is pregnant.

The U.S. Public Health Services recommends that all women between 15 and 44 years of age consume 400 micrograms (400mcg or 0.4 mg) of synthetic folic acid each day. Certain breakfast cereals are now fortified with synthetic folic acid, as are enriched grains and pastas. Most over-the-counter multi-vitamins contain the necessary amount of folic acid. Women are also encouraged to eat foods rich in folate, the type of folic acid found in foods, in addition to taking a multivitamin with folic acid every day. Foods rich in folate include green leafy vegetables, orange juice, and beans.

Women who are planning a pregnancy should begin taking a multi-vitamin with folic acid at least three months before getting pregnant. However, since about half of all pregnancies are unplanned it is important that all women of childbearing years take a multi-vitamin with folic acid every day whether they plan to get pregnant or not.

Despite the importance of folic acid only 14 percent of women in one national study knew that folic acid helps prevent birth defects and 34 percent consumed folic acid daily. Utah women fared much better according to a statewide survey conducted in 2000 that showed 47 percent knew that folic acid helps prevent birth defects and 46 percent consumed folic acid daily. The Utah Folic Acid Council (a multi-agency taskforce) has been providing statewide education to women and health care providers since 1996.

According to Feldkamp there are maternal health conditions, or the medications used to treat specific conditions, that can increase the risk of having a baby with a birth defect. Women who have diabetes, lupus, rheumatoid arthritis, hypertension or other medical conditions should visit with a health care provider before becoming pregnant. Women who take medications for these conditions and who become pregnant, are advised not to stop taking their medications, but to talk with their health care provider as soon as possible.

Utah was recently selected with eight other states to participate in the largest case-control study of birth defects. "This study will dramatically increase our understanding of the causes of birth defects and will provide information for developing effective programs to hopefully prevent other birth defects," says Feldkamp. The effort is funded by the National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention (CDC).

For more information about birth defects, prevention, the birth defects study, and resources for families, contact the UDOH's Birth Defect Network at 801-584-8514 or toll-free 1-866-818-7096. For questions about drugs or other exposure during pregnancy, contact Utah's Pregnancy RiskLine at 801-328-2229 or 1-800-822-2229.

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Smallpox Plan

- The UDOH is working with local public health agencies, hospitals, and other health care providers to develop a vaccination plan for Utah. This phase of the plan does not include all first responders such as firefighters and police
- Utah's pre-event plan will closely follow the guidelines set up by the Advisory Committee on Immunization Practice (ACIP), which recommended to identify key medical care and public health smallpox response teams. These teams would include people who would:
  - investigate the outbreak
  - care for the sick
  - take steps to control the outbreak
  - coordinate and manage our overall response to the outbreak
  - maintain public order
- Initially, the groups being considered for vaccination would include:
  - patient care teams in hospitals that are equipped to handle smallpox patients
  - infectious disease investigation teams
  - teams of people to administer the vaccine
  - other critical public health personnel
  - a limited number of critical emergency management and law enforcement personnel.

- It's been estimated that initially, under the plan being proposed for Utah, that between 2,000 and 5,000 medical and public health responders would be offered the opportunity to be vaccinated. This may occur as soon as mid-February.
- The number of people to be vaccinated during the initial phase of this effort has been purposely limited. The goal is to prepare response teams of health care providers and public health workers, so they can respond quickly and safely if an actual case of smallpox is ever reported in Utah.
- If that situation ever does arise, only those who have already been vaccinated will be able to safely vaccinate others, or provide care to patients with smallpox. By vaccinating a limited number of people in advance, we will immediately be able to begin vaccinating other emergency response personnel and members of the public as well as caring for the sick. The small number of people needed to perform those critical tasks will be able to begin right away, without taking time out to be vaccinated themselves.
- Any decision about expanding the vaccination effort beyond these groups – or even making the vaccine available to the general public – would have to be made at the federal level. Federal officials currently control all available supplies of the smallpox vaccine.

The United States currently has enough vaccine to vaccinate every single person in the country in an emergency. The Utah Department of Health, along with Utah's 12 Local Health Departments and area hospitals have developed a response plan for such an attack.

Why not just go ahead and make the vaccine available to everybody?

- The UDOH, along with the CDC and President Bush, does not advise the public to be vaccinated until a legitimate case of smallpox is identified in Utah. The UDOH does not intend to make the vaccine available to the general public until such a case is identified. Any decision about making the vaccine more widely available would have to take into account both the risks and benefits of vaccination. For those Utahns who want the unlicensed vaccine, they may be able to participate in vaccine research studies. For more information, visit www.clinicaltrials.gov.
- The vaccine can cause serious, potentially fatal reactions in some people. *At a minimum*, it's been estimated that roughly one out of every million people who receive the vaccine will die and 15–43 will become seriously ill. In addition, about one in three will become ill enough to miss work or school for a few days, and up to 1 in 1,000 will have serious but not life-threatening complications.
- Unless and until there is an actual smallpox attack, the risk of becoming ill or dying from smallpox is zero. If an attack did occur, the vaccine can still protect people even after they've already been exposed to smallpox. Vaccinating up to 4 days after exposure provides substantial protection against smallpox or would at least lessen the severity of the illness.

- The "need for speed" is the primary reason for vaccinating some people in advance of any terrorist attack using smallpox. People in critical positions may not have time to get vaccinated once an outbreak occurs. They'll need to go into action immediately.

Is there anyone who can't – or shouldn't – be vaccinated?

- Yes! Some people will not be considered for vaccination, in advance of an actual smallpox outbreak, because they face a higher-than-normal risk of having a bad reaction to the vaccine. Those groups include:
  - people who may be allergic to the vaccine
  - people who have health problems – or are receiving medical treatments – that may weaken the immune system (cancer patients, organ transplant patients, people with HIV, people taking steroid medications, etc.)
  - pregnant women, women who plan to *become* pregnant within 4 weeks, and nursing mothers
  - people with eczema or certain other skin conditions
- Others who should not be vaccinated include people who share living quarters – or are otherwise in close, daily contact – with people in the groups listed above. For a short period of time, people who've just been vaccinated have the potential to expose others to the vaccinia virus. Smallpox vaccine doesn't contain smallpox virus, it contains a related virus called vaccinia.
- Based on these criteria, it's been estimated that up to a third of the population may not be eligible for vaccination, unless there is an actual smallpox outbreak.
- During an actual smallpox outbreak, the picture could change dramatically. We would offer vaccination to anyone who had actually been exposed to the illness. No one would be excluded on the basis of the criteria listed above, because the risk of severe illness from smallpox would far exceed the risk of the vaccine.

If vaccination is voluntary – and that many people may be excluded from vaccination for health or other reasons – how can we be sure that we'll have enough vaccinated people to mount an effective response during an outbreak?

- The number of people needed initially to fill critical roles during an outbreak is actually relatively small. We believe that we can identify and vaccinate enough people to do those critical jobs.

Can people get smallpox from the vaccine?

- No! The vaccine is made using a live virus, and that partly accounts for some of the risks involved in getting vaccinated. But the virus used in the vaccine is not smallpox – it's *vaccinia*, a different virus from the same family as smallpox.

How long has it been since anyone was immunized against smallpox?

- Routine smallpox vaccination was discontinued in the U.S. thirty years ago – in 1972. Vaccination was discontinued worldwide after smallpox was successfully eradicated, in the late 1970's.

If I were vaccinated before they stopped giving the vaccine in 1972, would I still be protected against smallpox?

- There is some evidence that people vaccinated that long ago may still have some immunity, especially if they were vaccinated more than once. However, that residual immunity *won't* protect you against getting the disease – although it *may* make the disease less severe.
- People who have previously been vaccinated will still need to be revaccinated, if they want to be protected against smallpox.
- If you *were* immunized previously, there is also evidence that any reaction to the vaccine would be milder – and you would be less likely to spread the vaccinia virus to others.

The UDOH is currently in the process of establishing a physician to physician consultation system for smallpox and identification of possible adverse reactions associated with the vaccine. For more information about smallpox contact the Utah Smallpox Vaccination Program at (801) 538-9024.

To report an adverse reaction associated with the smallpox vaccine contact Erin Maughn at (801) 538-9024.

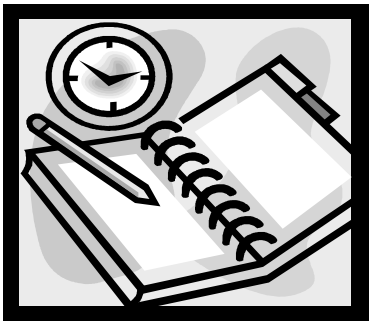
IMMUNIZATION PROGRAM
Immunize for healthy lives

P.O. Box 142001
288 North 1460 West
Salt Lake City, UT 84114-2001

Return Service Requested

Check out our web-site's new look!

www.immunize-utah.org



Don't Forget... ...It's 2nd Dose Time!

It's about time for many of your kindergarten patients to receive the 2nd dose of Hepatitis A. Please remember to get them in ON TIME to receive it. They are currently conditionally enrolled in school and must have the 2nd dose of Hepatitis A to remain in school.

TIP: It's also a good idea to begin to round-up those patients who will be starting kindergarten in the fall, to get their 1st dose of Hepatitis A. When kindergarten boosters come around, they will be eligible to receive the 2nd dose.

REMEMBER: A <u>minimum</u> of six months must separate the two doses.